

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service, 01/14/02.
 - b. The request was received on 05/16/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA-1500
 - c. EOBs
 - d. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/09/02. There is no response from the Requestor found in the file.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60

There is no carrier sign sheet found in the dispute packet. The carrier's initial response was received on 06/17/02, however, there is no carrier 14 day response found in the medical fee dispute case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: No position statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/14/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the provider's TWCC-60, the provider billed the carrier \$494.00.
4. Per the provider's TWCC-60, the carrier paid the provider \$380.76.
5. Per the provider's TWCC-60, the amount in dispute is \$113.24.
6. Per the provider's Table of Disputed Services, the CPT code in dispute for date of service is E0236 NU.

V. RATIONALE

Medical Review Division's rationale:

The carrier denied the charges in dispute for CPT code E0236 NU by "F – 560 – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY VALUES AS ESTABLISHED BY INGENIX. (Z560)." The Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

Before determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. **No** additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 5th day of September 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm